

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214519762				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: OBI National Insurance Company</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: PA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 5/31/2014</p> <p>SCC ID NO: F1929423</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>60,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	60,000
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COMMON	60,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 116 PINE ST 3RD FL STE 320</p> <p style="text-align: center;">CITY/ST/ZIP: HARRISBURG, PA 17101</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DENNIS ALBERT CROSBY TITLE: DIRECTOR ADDRESS: 1720 WINDWARD CONCOURSE STE 325 CITY/ST/ZIP/CO: ALPHARETTA, GA 30005 </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: DENNIS ALBERT CROSBY TITLE: DIRECTOR ADDRESS: 1720 WINDWARD CONCOURSE STE 325 CITY/ST/ZIP/CO: ALPHARETTA, GA 30005	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR		
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NAME:	Maureen A. Phillips	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SVP & GC		
ADDRESS:	601 Carlson Parkway Suite 600		
CITY/ST/ZIP/CO:	Minnetonka, MN 55305		
NAME:	Brian D. Poole	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SVP & C Actuary		
ADDRESS:	601 Carlson Parkway Suite 600		
CITY/ST/ZIP/CO:	Minnetonka, MN 55305		
NAME:	Paul F. Romano	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	199 Scott Swamp Road		
CITY/ST/ZIP/CO:	Farmington, CT 06032		
NAME:	Thomas N. Schmitt	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SVP & CHRO		
ADDRESS:	601 Carlson Parkway Suite 600		
CITY/ST/ZIP/CO:	Minnetonka, MN 55305		
NAME:	Scott W. McClintock	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP & CIO		
ADDRESS:	601 Carlson Parkway Suite 600		
CITY/ST/ZIP/CO:	Minnetonka, MN 55305		
NAME:	John C. Treacy	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP & Treasurer		
ADDRESS:	601 Carlson Parkway Suite 700		
CITY/ST/ZIP/CO:	Minnetonka, MN 55305		
NAME:	Virginia A. McCarthy	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP & Secretary		
ADDRESS:	150 Royall Street		
CITY/ST/ZIP/CO:	Canton, MA 02021		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ Virginia A.McCarthy	Virginia A.McCarthy,	4/17/2014	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			